

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-043889
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11725**

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318**

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Registrar's No. **11725**

FILED DEC 14 1962

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b _____
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **4100 Lexington Avenue** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Lincoln**
c. CITY OR TOWN **Troy** Inside Limits Yes No
d. STREET ADDRESS **Rte. 3 Box #32 A** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **Alex** Middle **Allen** Last _____
4. DATE OF DEATH Month **12** Day **7** Year **62**

5. SEX **Male** 6. COLOR OR RACE **Colored** 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH **3-27-04** 9. AGE (last birthday) **58** 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Farmer** 11. BIRTHPLACE (City and state or country) **Louisiana** 12. CITIZEN OF WHAT COUNTRY **U.S. A.**

13a. FATHER'S NAME **Elliott Allen** 13b. MOTHER'S MAIDEN NAME **Martha Jane Duncan** 14. NAME OF HUSBAND OR WIFE **None**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT **Idella Smith-Rte. 3 Box-32A Missouri** Address **Troy**

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Carcinoma - Stomach** INTERVAL BETWEEN ONSET AND DEATH **1 yr**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____
DUE TO (c) **151X**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____
PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____

21. I attended the deceased from **10/22/62** to **12/6/62** and last saw her/him alive on **12/6/62**
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Daughlin C Payne MD** (Degree or title) 22b. ADDRESS **1423 W 9th** 22c. DATE SIGNED **12/6/62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **12-9-1962** 23c. NAME OF CEMETERY OR CREMATORY **Troy Cemetery** 23d. LOCATION (City, town, or county) **Troy, Missouri** (State) _____

24. FUNERAL DIRECTOR **Ellis Funeral Home-2820 Stoddard St.** ADDRESS _____ 25. DATE REC'D. BY LOCAL REG. **DEC 7 - 1962** 26. REGISTRAR'S SIGNATURE **Idella Smith. M.D.**

VS 300 Rev. 4/59

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DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

91

DEC 7 - 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Fulton E. Culkin

Licensed Embalmer No. 498

P. O. Address W. L. Linn

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.